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PTO/SB/21 (07-09)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

25

| | |
|----------------------|----------------|
| Application Number | 10/678,084 |
| Filing Date | 09/03/2003 |
| First Named Inventor | GACTANO ET AL. |
| Art Unit | 3711 |
| Examiner Name | WORILCH |

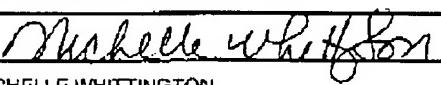
Attorney Docket Number

11-03-005

ENCLOSURES (Check all that apply)

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Remarks | | |

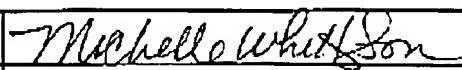
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | MITEL NETWORKS CORPORATION | | |
| Signature |  | | |
| Printed name | MICHELLE WHITTINGTON | | |
| Date | JANUARY 26, 2011 | Reg. No. | 48,844 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature



Typed or printed name

MICHELLE WHITTINGTON

Date

JANUARY 26, 2011

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Jan 26 11 12:45p

Whittington

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p.2

JAN 26 2011

PTO/SB/17 (10-06)

Approved for use through 09/30/2010, OMB 0651 0632
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/01/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810).**FEET TRANSMITTAL**
For FY 2009 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

540.00

| | |
|----------------------|----------------|
| EXAMINER UNKNOWN | |
| Application Number | 10/675,684 |
| Filing Date | 09/30/2003 |
| First Named Inventor | CAETANO ET AL. |
| Examiner Name | WORJLOH |
| Art Unit | 3685 |
| Attorney Docket No. | IT-03-005 |

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 502721... Deposit Account Name: INTER-TEL, INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
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| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|--------------|----------|--------------|----------|------------------|----------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 |
| Design | 220 | 110 | 100 | 50 | 140 | 70 |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

| | | |
|--|----------|----------|
| Each claim over 20 (including Reissues) | Fee (\$) | Fee (\$) |
| | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

| | | | | | |
|--------------|--------------|----------|---------------|--------------|----------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity | Fee (\$) |
| - 20 or HP - | x | = | | 52 | 26 |

HP = highest number of total claims paid for, if greater than 20.

| | | | | | |
|---------------|--------------|----------|---------------|---------------------------|----------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) |
| - 3 or HP = | x | = | | 220 | 110 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | / 50 = | (round up to a whole number) x | | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): APPEAL BRIEF FEE

540

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. (Attorney/Agent) 43,844 | Telephone 480-961-9000 |
| Name (Print/Type) | MICHELLE WHITTINGTON | | Date JANUARY 26, 2011 |

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND THIS FORM TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

01/27/2011 MNGUYEN 0000007 502721 10075004 Once in completing the form, call 1-800-PTO-9199 and select option 2.

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